

PART B—FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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05/12/2005

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CUSTOMER NO. 35690

ERIC B. MEYERTONS

MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C.

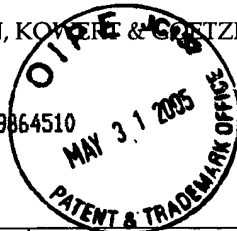
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06/02/2005 FFANAIA3 00000075 501505

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01 FC:2501 700.00 DA
 02 FC:1504 300.00 DA
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Certificate of Mailing

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted the USPTO, on the date indicated below.

Jackie L. Pitre	(Depositor's name)
<i>Jackie L. Pitre</i>	(Signature)
May 27, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/864,510	05/24/2001	Gregory Murphy	5838-00300/EBM	2445

TITLE OF INVENTION: VENTRICULAR RESTORATION SHAPING APPARATUS AND METHOD OF USE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	Yes	\$700.00	\$300.00	\$1,000.00	08/12/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
Lewis, Ralph A.	3732	128-898000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C.2 Eric B. Meyertons

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

Chase Medical, L.P.

(B) RESIDENCE (CITY & STATE OR COUNTRY):

Richardson, Texas

Please check the appropriate assignee category indicated below (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 2

4b. Payment of Fee(s):

☒ A fee authorization in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1505/5838-00300/EBM* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(Authorized Signature)

(Date)

Eric B. Meyertons

Reg. No. 34,876

May 27, 2005

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount to time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. 1450, Alexandria, VA 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/864,510

Confirmation No.: 2445

Filing Date: May 24, 2001

Inventors: Murphy et al.

Title: VENTRICULAR
RESTORATION SHAPING
APPARATUS AND
METHOD OF USE

Examiner: R. A. Lewis
Art Unit: 3732
Atty. Dkt. No.: 5838-00300

**CERTIFICATE OF MAILING
UNDER 37 C.F.R. §1.8**

DATE OF DEPOSIT:

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail on the date indicated above and is addressed to:

Commissioner for Patents
Alexandria, VA 22313

Jackie L. Pitre

FEE AUTHORIZATION

MS ISSUE FEE

Commissioner for Patents
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Alexandria, VA 22313-1450

The Commissioner is hereby authorized to charge the following fees to Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C. Deposit Account Number 50-1505/5838-00300:

\$ 700.00 - Issue Fee;
\$ 300.00 - Publication Fee; and
\$ 15.00 - Five copies

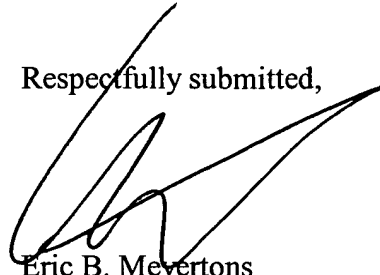
Total Amount: \$1,015.00

Attorney Docket No.: 5838-00300

Murphy et al.
09/864,510

The Commissioner is also authorized to charge any extension fee or other fees which may be necessary to the same account number.

Respectfully submitted,

A handwritten signature in black ink, appearing to be 'Eric B. Meyertons', written over the text 'Respectfully submitted,'.

Eric B. Meyertons
Reg. No. 34,876

Attorney for Applicant

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Date: May 31, 2005